

KENTUCKY BOARD OF PHARMACY
23 Millcreek Park
Frankfort, Kentucky 40601-9230

TELEPHONE INSPECTION AUTHORIZATION FOR NEW PHARMACIES

Acknowledgement by Pharmacist-in-Charge of responsibility for representations below: yes _____

1. Name and address correct on permit application yes _____
2. Telephone Number () _____ - _____ Fax () _____ - _____ yes _____
3. Ownership clearly stated yes _____
4. PIC/POA readily identified yes _____
5. Name of persons having keys to pharmacy identified yes _____
6. Schedule of hours listed: (CORRECT AS OF THIS DATE) yes _____
7. Name of computer listed: hardware/software yes _____
8. Type of Pharmacy identified (chain, hospital, etc.) yes _____
9. Signature of PIC and OWNER complete yes _____
10. Equipment required:
 - Class A balance/weights yes _____
 - Graduates 1ml to 250 ml yes _____
 - Mortar/pestle, ointment slab yes _____
 - Filtration system (filter papers/funnel) yes _____
 - Refrigerator yes _____
 - Sink- HOT and COLD running water (in pharmacy) yes _____
 - Spatulas (steel and nonmetallic) yes _____
11. Generic Drug Sign (KPhA Telephone No. 502-227-2303) yes _____
12. Generic pamphlets (OAG Telephone No. 502-696-5389) yes _____
13. Syringe register (if applicable) yes _____
14. Exempt V narcotic register (if applicable) yes _____
15. References complete (please list) yes _____

16. Security (type) _____ yes _____

Name of Pharmacy _____
Address of Pharmacy _____
_____ Zip _____
PIC _____

I hereby certify that the information provided is true and correct to the best of my knowledge. I further acknowledge that the Board may revoke Pharmacy Permit NO. _____ if the information supplied to the Board is false and/or fraudulent in connection with this application.

Signature of Pharmacist-in-Charge

Date

Please return this document to Kentucky Board of Pharmacy within five (5) days of receipt at the above address.

Pharmacy and Drug Inspector

Date